

DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

NEW MEXICO OIL CONSERVATION CO. SECTION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-101 and O-11
Effective 1-1-65
RECEIVED

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	<u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter oil: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE CX Comm</u>	Well No. <u>1</u>	Pool Name, including Formation <u>UNDES WINCHESTER MORROW</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>E-7185</u>
Location				
Unit Letter <u>N</u>	<u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>			
Line of Section <u>28</u>	Township <u>19S</u>	Range <u>28E</u>	NMPM, <u>EDDY</u> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>PERMIAN CORPORATION Permian (Exp. 9/1/87)</u>	<u>Box 1183 - Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS Co.</u>	<u>Box 1384 - JAL, NEW MEXICO 88252</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
<u>N</u> <u>28</u> <u>19S</u> <u>28E</u>	<u>YES</u> <u>6-14-78</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev. Prod. Reviv.
Date Spudded	Date Compl. ready to Prod.	Total Depth	P.B.T.D.				
Elevations (OF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or greater than allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Elmer Startz
(Signature)
Region Operations Manager
(Title)
MARCH 11 1983

OIL CONSERVATION COMMISSION

MAR 22 1983

APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable on new and recompleting wells.